

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

C.O. Wells
275 Mill Branch
Greenup, Kentucky 41144

2. Article Number

(Transfer from service label)

7002 0860 0000 1409 4836

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Buffy Dyer

☐ Agent☐ Addressee

B. Received by (Printed Name)

Buffy Gibson

C. Date of Delivery

12/2/06

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

RECEIVED

DEC 4 2006

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured

CINCINNATI, OHIO

4. Restricted Delivery? (Extra Fee)

☐ Yes